## UNITED STATES DISTRICT COURT

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2005 HAR -9 P 3: 44

SAFETY INSURANCE COMPANY  $V_{\cdot}$  UNITED STATES OF AMERICA

SUMMONS IN A CIVIL ACTION

STRICT COORT STRICT OF MASS

CASE NUMBER:

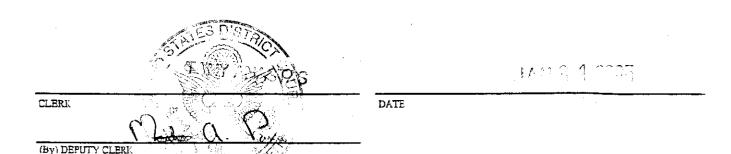
05 10181 RWZ

TO: (Name and address of Defendant)

United States of America c/o Dept. of the Air Force Hanscom AFB 66 ABW/JA

20 Schilling Cit Slow Hans com AFB to serve on PLAINTIFF'S ATTORNEY (name and address)

O'Keefe & Gale 180 W. Central Street Natick, MA 01760 (508) 655-0000 (OF# SS-04-507)





Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999

Suffolk, ss.

March 4, 2005

I hereby certify and return that on 2/14/2005 at 8:45AM I served a true and attested copy of the Summons, Complaint and Cover Sheet in this action in the following manner: To wit, by delivering in hand to Ilona Ferera, agent and person in charge at the time of service for United States of America, at , 1 Courthouse Way, US Attorney's Office, , Suite 9200 Boston, MA. U.S. District Court Fee (\$5.00), Basic Service Fee (IH) (\$30.00), Travel (\$1.00), Postage and Handling (\$1.00), Attest/Copies (\$5.00) Total Charges \$42.00

·	George Slyva		, <b>_</b>	Deputy Sheriff		
☐ Other (specify):						
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		CATEMENT OF SI	RVICE FEES	TOTAL		
	SERVIC			TOTAL	00.02	
		DECLARATION (	OF SERVER	· · · · · · · · · · · · · · · · · · ·		
T dealers under n	english of verings v	meer the laws of the l	Thired States of Amer	rica that the foregon	ne information	
contained in the Return of	Service and State	ment of Service Fees	is true and correct.		-5	
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Executed on					<del></del>	
	Date	Signature of Server				
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Attach Addressed to:</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
Dept. of Istice Washington, D.C. 2053 SS-04-507(JLT) 2. Article Number 7004	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label)	c Return Receipt 102595-02-1
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece.	A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No  3. Service Type
20 Schilling (IICLE) Hungom AFB MANTE	Certified Mail  Registered  Insured Mail  C.O.D.
2. Article Number 7004 (Transfer from service label)	